

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>1/20</i>	<i>61074</i>	<i>8/9/99</i>
O.I.P.E. CLASSIFIER	<i>MJN</i>	<i>59</i>	<i>8-12-99</i>
FORMALITY REVIEW	<i>(C)</i>	<i>71070</i>	<i>8/25</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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*09/366441*